



Physician and Durable Medical Equipment

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COVERAGE FOR CPAP DEVICES (E0601RR)

Effective for dates of services on or after January 30, 2008, the following coverage criteria applies to CPAP Devices (E0601RR).

A single level CPAP device (E0601RR) is covered if the patient has a diagnosis of obstructive sleep apnea (OSA) documented by an attended, facility-based polysomnogram and is pre-certified. The polysomnogram must document the following criteria is met.

1. The diagnostic portion of the sleep study must document a total sleep time of at least 2 hours (or an explanation of why this could not be accomplished) and the following:
 - a. The Apnea Hypopnea Index (AHI) is greater than or equal to 15 events per hour; or,
 - b. The AHI is from 5 to 14 events per hour with documented symptoms of:
 - i) excessive daytime sleepiness, impaired cognition, mood disorders, or insomnia; or
 - ii) hypertension, ischemic heart disease, or history of stroke.
2. The therapeutic titration portion of the polysomnogram report must document the following:
 - a. The final setting on CPAP and AHI at which therapeutic level was attained: and
 - b. A resulting AHI at therapeutic level of at least 50% less than the AHI documented in the diagnostic portion of the sleep study. Auto CPAP titration will not be accepted as evidence of effective treatment.

Polysomnographic studies must be performed in a facility-based sleep study laboratory and not in the home or may not be performed by a DME provider. Portable multi-channel home sleep testing devices are also not acceptable.

CONTINUED COVERAGE FOR CPAP BEYOND THE FIRST THREE (3) MONTHS (E0601KJRR)

Continued coverage for a CPAP device beyond the first three (3) months of therapy requires that, no sooner than the 61st day after initiating therapy, the DME provider ascertain from either the participant or the treating physician that the participant is continuing to use the CPAP device. This information must be documented in the DME provider's record. If this criteria is met, pre-certification must be obtained and services should be billed utilizing the KJ modifier.

PRE-CERTIFICATION REQUIREMENT FOR CPAP DEVICES AND HUMIDIFIERS

The MO HealthNet Division (MHD) is implementing pre-certification requirements for additional durable medical equipment (DME) services. Pre-certification serves as a utilization management tool, allowing payment for services that are medically necessary, appropriate and cost-effective without compromising the quality of care to MO HealthNet participants. Effective for dates of service on or after January 30, 2008, the following durable medical equipment procedure codes will require pre-certification for all MO HealthNet participants:

E0601RR: Continuous airway pressure (CPAP) device (months 1-3)
E0601KJRR: Continuous airway pressure (CPAP) device (months 4-12)
E0561NU: Humidifier, nonheated, used with positive airway pressure device
E0562NU: Humidifier, heated, used with positive airway pressure device

Requests must meet medical criteria established by the MHD in order to be approved. These medical criteria can be referenced in the [clinical edit criteria](#) for CPAP devices and the clinical edit criteria for Humidifiers for CPAP Devices posted on the [MHD Web site](#).

CONVERSION OF APPROVED PRIOR AUTHORIZATION REQUESTS

Currently, both the initial approval and continued coverage of CPAP devices and CPAP device humidifiers require an approved prior authorization request for reimbursement of services. Prior authorization requests that are submitted and approved prior to January 30, 2008 will be converted to a pre-certification effective January 30, 2008. A new pre-certification will not be required until the expiration date of the approved prior authorization request. A prior authorization is valid for the dates indicated on the disposition letter.

APPROVED EXCEPTION REQUESTS

Claims for CPAP devices and humidifiers for which there currently is an approved Exception request may continue to be filed according to the Exception approval until the expiration of the Exception request.

INITIATING PRE-CERTIFICATION REQUESTS FOR DME

Pre-certification of DME is a two-step process. Requests for pre-certification must be initiated by enrolled MO HealthNet providers who write prescriptions for items covered under the DME Program.

Authorized DME prescribers include physicians or nurse practitioners who have a collaborative practice agreement with a physician that allows for prescription of such items. The enrolled DME provider will access the pre-certification initiated by the prescriber to complete the second step of the pre-certification process. All requests must be approved by MHD. Providers are encouraged to sign up for the MO HealthNet Web tool – [CyberAccessSM](#) – which automates the pre-certification process. To become a CyberAccessSM user, contact the ACS Health Management Systems help desk at 1-888-581-9797 or 573-632-9797 or send an e-mail to [MOHealthNetCyberaccess @heritage-info.com](mailto:MOHealthNetCyberaccess@heritage-info.com). The CyberAccessSM tool allows each pre-certification to automatically reference the individual participant's claim history, including ICD-9 diagnosis codes and procedure codes. Requests for pre-certification will also be taken by the MO HealthNet call center at 1-800-392-8030. Requests for pre-certification must meet medical criteria established by MHD in order to be approved. [Medical criteria](#) is published in [provider bulletins](#) and posted on the MHD [Web site](#)SM prior to implementation. If a pre-certification request submitted through CyberAccessSM is denied, providers may click on the box to have a MO HealthNet call center representative contact them. The call center is available Monday through Friday, from 8:00 am to 5:00 pm, excluding state holidays.

PLEASE NOTE: An approved pre-certification request does not guarantee payment. The provider must verify participant eligibility on the date of service using the Interactive Voice Response (IVR) System at (573) 635-8908 or by logging onto the MO HealthNet [Web portal](#). For participants residing in a nursing home, CPAP devices are included as part of the nursing home per diem rate and are not reimbursed separately.

Please continue to monitor the [MHD Web site](#) for updates on this process.

PRE-CERTIFICATION REQUESTS FOR CPAP DEVICES

Requests for pre-certification of the initial three months for a CPAP device (E0601RR) must be initiated by enrolled MO HealthNet providers who write prescriptions for items covered under the DME Program. If pre-certification criteria is met, two pending authorizations for E0601 will be created. The enrolled DME provider will access one of the pending E0601 authorizations initiated by the prescriber to complete the second step of the pre-certification process for the initial 3 months of E0601RR.

To obtain pre-certification of continued coverage of the CPAP device for months 4-12, the DME provider must, no sooner than 61 days after the start date of the initial pre-certification for months 1-3, access the remaining pending pre-certification for E0601. If the pre-certification is approved, the system will assign the KJ and RR modifiers.

Provider Bulletins are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

MO HealthNet News: Providers and other interested parties are urged to go to the MHD Web site at <http://dss.missouri.gov/mhd/global/pages/mednewssubscribe.htm> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

MO HealthNet Managed Care: The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Services not included in MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the MO HealthNet card or by calling the Interactive Voice Response (IVR) System at 573-635-8908 and using Option One.

Provider Communications Hotline 573-751-2896